BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

Ley1-25, 923

CLAIMS AS FILED - PART (Column 1)					(Column 2)		SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			75				RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			75 minus 20=		* 55		5	ら X\$ 9=	445	OR	X\$18=	
INDEPENDENT CLAIMS			76 minus 3 =		* 3/4			JX42=	188	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, e					r "0" in c	column 2		TOTAL	1033	OR	TOTAL	
0	C	LAIMS AS A	MENDED	IENDED - PART II							OTHER	THAN
(Column 1)			(Colum			(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
A ME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		ַ	+140=		OR	+280=	
								TOTAL			TOTAL	
	(Column 1) (Column 2) (							ADDIT. FEE		Jorr	ADDIT. FEE	1
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER NOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- 20	=		X42=		OR	X84=	
L	THIST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	I CLAIM		٤	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Colum						(Column 3						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
WE	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDEN		T CLAIM	CLAIM				1		
١.	If the entry in colu	ımn 1 is less than t	the entry in col	ımn 2 writ	te "O" in co	nluma 3		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	nber Previously Pa	aid For" (Total o	r Independ	dent) is the	e highest numb	er fo	und in the ap	propriate bo	x in co	lumn 1.	